

A FDID <input type="text" value="08251"/> State <input type="text" value="MI"/> Incident Date <input type="text" value="MM 10 DD 12 YYYY 2016"/> Station <input type="text" value="Sta 3"/> Incident Number <input type="text" value="16-12089W"/> Exposure <input type="text" value="0"/>		NFIRS-1 Basic	
B Location Type Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. <input checked="" type="checkbox"/> Street address Intersection <input type="text" value="32122"/> <input type="text" value="Hamilton"/> <input type="text" value="PL"/> <input type="text" value="5669"/> <input type="text" value="-100"/> In front of <input type="text" value="Number/Milepost"/> <input type="text" value="Prefix"/> <input type="text" value="Street or Highway"/> <input type="text" value="State"/> <input type="text" value="Zip Code"/> Rear of <input type="text" value="Apt./Suite/Room"/> <input type="text" value="City"/> <input type="text" value="State"/> <input type="text" value="Zip Code"/> Adjacent to <input type="text" value="Cross Street, Directions or National Grid, as applicable"/> Directions <input type="text" value="US National Grid"/>			
C Incident Type <input type="text" value="736"/> <input type="text" value="CO detector activation due to malfunction"/>		E1 Dates and Times Check boxes if dates are the same as Alarm Date. Alarm <input type="text" value="Month 10 Day 12 Year 2016"/> <input type="text" value="Hour 22 Min 09 Sec 00"/> Arrival <input type="text" value="Month 10 Day 12 Year 2016"/> <input type="text" value="Hour 22 Min 19 Sec 00"/> Controlled <input type="text" value="CONTROLLED optional, except for wildland fires"/> Last Unit Cleared <input type="text" value="Month 10 Day 12 Year 2016"/> <input type="text" value="Hour 22 Min 31 Sec 00"/>	
D Aid Given or Received 1 Mutual aid received <input type="text" value="Their FID#"/> <input type="text" value="Their State"/> 2 Automatic aid received <input type="text" value="Their Incident Number"/> 3 Mutual aid given 4 Automatic aid given 5 Other aid given N <input checked="" type="checkbox"/> None		E2 Shifts and Alarms Local Option <input type="text" value="A"/> <input type="text" value="1"/> <input type="text" value="3"/> Shift or Platoon Alarms District E3 Special Studies Local Option <input type="text" value="Special Study ID#"/> <input type="text" value="Special Study Value"/>	
F Actions Taken 86 <input type="text" value="Investigate"/> Primary Action Taken (1) 81 <input type="text" value="Incident command"/> Additional Action Taken (2)		G1 Resources <input checked="" type="checkbox"/> Check this box and test this block if an Apparatus or Personnel Module is used. Apparatus <input type="text" value="2"/> <input type="text" value="4"/> Personnel <input type="text" value="0"/> <input type="text" value="0"/> EMS <input type="text" value="0"/> <input type="text" value="0"/> Other <input type="text" value="0"/> <input type="text" value="0"/> Check box if resources counts include aid received resources.	
G2 Estimated Dollar Losses and Values LOSSES <input type="text" value="Required for all fires if known. Optional for non-fires."/> None Property \$ <input type="text"/> Contents \$ <input type="text"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text"/> Contents \$ <input type="text"/>			
Completed Modules Fire-2 Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Anson-11		H1 Casualties <input checked="" type="checkbox"/> None Fire Service <input type="text" value="Death 0"/> <input type="text" value="Injury 0"/> Civilian <input type="text"/> <input type="text"/> H2 Detector 1 <input type="text" value="Required for confined fires. Detector alerted occupants"/> 2 <input type="text" value="Detector did not alert occupants"/> U <input type="text" value="Unknown"/>	
H3 Hazardous Materials Release 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas; slow leak, no evac. or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N None		I Mixed Use Property 00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 Residential use 51 Row of stores 53 Enclosed mall 58 Business and residential use 59 Office use 60 Industrial use 63 Military use 65 Farm use NN <input checked="" type="checkbox"/> Not mixed use	

J Property Use Structures		
131 Church, mosque, synagogue, temple, chapel	341 Clinic, clinic-type infirmary	539 Household goods, sales, repairs
161 Restaurant or cafeteria	342 Doctor, dentist or oral surgeon office	571 Service station, gas station
162 Bar or nightclub	351 Jail, prison (not juvenile)	579 Motor vehicle or boat sales, services, repair
213 Elementary school, including kindergarten	419 1 or 2 family dwelling	599 Business office
215 High school/junior high school/middle school	429 <input checked="" type="checkbox"/> Multifamily dwelling	615 Electric-generating plant
241 Adult education center, college classroom	439 Boarding/rooming house, residential hotels	629 Laboratory or science laboratory
311 24-hour care Nursing homes, 4 or more persons	449 Hotel/motel, commercial	700 Manufacturing, processing
331 Hospital - medical or psychiatric	459 Residential board and care	819 Livestock, poultry storage
	464 Barracks, dormitory	882 Parking garage, general vehicle
	519 Food and beverage sales, grocery store	891 Warehouse
<div> <div> Outside </div> <div> 124 Playground 655 Crops or orchard 669 Forest, timberland, woodland 807 Outside material storage area 919 Dump, sanitary landfill 931 Open land or field </div> <div> 936 Vacant lot 938 Graded and eared-for plots of land 946 Lake, river, stream 951 Railroad right-of-way 960 Street, other 961 Highway or divided highway 962 Residential street, road or residential driveway </div> <div> 539 Household goods, sales, repairs 571 Service station, gas station 579 Motor vehicle or boat sales, services, repair 599 Business office 615 Electric-generating plant 629 Laboratory or science laboratory 700 Manufacturing, processing 819 Livestock, poultry storage 882 Parking garage, general vehicle 891 Warehouse 981 Construction site 984 Industrial plant yard - area </div> </div>		

Look up and enter a Property Use code and description only if you have NOT checked a Property Use Desc.

Property Use 429

Code

Property Use Description Multifamily dwelling

K1 Person/Entity Involved		
<p>Local Option</p> <p>Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.</p>	<p>Business Name (if Applicable)</p> <p>Area Code</p> <p>Phone Number</p>	<p>Mr., Ms., Mrs.</p> <p>First Name</p> <p>MI</p> <p>Last Name</p> <p>Suffix</p>
<p>32122</p> <p>Number</p>	<p>Hamilton</p> <p>Street or Highway</p>	<p>PL</p> <p>Street Type</p>
<p>Wayne</p> <p>City</p>	<p>Post Office Box</p> <p>MI</p> <p>State</p>	<p>48184</p> <p>Zip Code</p>

K2 Owner		
<p>Local Option</p> <p>Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.</p>	<p>Business Name (if Applicable)</p> <p>Area Code</p> <p>Phone Number</p>	<p>Mr., Ms., Mrs.</p> <p>First Name</p> <p>MI</p> <p>Last Name</p> <p>Suffix</p>
<p>Number</p> <p>Prefix</p>	<p>Street or Highway</p>	<p>Street Type</p> <p>Suffix</p>
<p>Post Office Box</p> <p>State</p>	<p>Apt./Suite/Room</p> <p>City</p>	<p>Zip Code</p>

M Authorization		
<p>47</p> <p>Officer in charge ID</p>	<p>Jeffery Pochron</p> <p>Signature</p>	<p>Captain</p> <p>Position or rank</p>
<p>47</p> <p>Member Making report ID</p>	<p>Jeffery Pochron</p> <p>Signature</p>	<p>Captain</p> <p>Position or rank</p>
<p>Station 3</p> <p>Assignment</p>	<p>10</p> <p>Month</p>	<p>12</p> <p>Day</p>
<p>2016</p> <p>Year</p>	<p>10</p> <p>Month</p>	<p>12</p> <p>Day</p>
<p>2016</p> <p>Year</p>	<p>10</p> <p>Month</p>	<p>12</p> <p>Day</p>
<p>2016</p> <p>Year</p>	<p>10</p> <p>Month</p>	<p>12</p> <p>Day</p>

L Remarks		
<p>Local Option</p> <p>E3 & R3 were dispatched to location for a report of a CO detector activation.</p> <p>On arrival FD interview with the resident had the resident stating to FD that the dwelling's combination CO detector had activated for a brief moment & then stopped sounding. She stated that she called 911 because she was unsure if there was any CO present in the home. The resident also stated that the CO detector was a new unit, recently installed by the building's maintenance personnel.</p> <p>FD used its CO monitor to check for any CO within the structure, finding no CO reading on the monitor. FD had the resident run hot water from the bath tub to get the natural gas fueled water heater to operate. When the water heater began to operate, the FD CO monitor registered a slight CO reading of 7 while being held near the exhaust pipe on top of the water heater & then the unit again zeroed out. The dwelling's CO monitor did not activate. FD took its CO monitor outside into fresh air & restarted the unit again to establish a zero reading in the fresh air. After restarting the unit outside, the unit was again brought into the structure & a check of the water heater's exhaust piping with the unit, as well as the rest of the dwelling three levels, did not detect any CO presence within the structure.</p> <p>FD advised the residence of its findings & that if the dwelling's CO alarm sounded again to again call 911.</p> <p>E3 took info for report & E3 & R3 cleared from incident.</p>		

A <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">08251</div> <div style="border: 1px solid black; padding: 2px 5px;">MI</div> <div style="border: 1px solid black; padding: 2px 5px;">10</div> <div style="border: 1px solid black; padding: 2px 5px;">12</div> <div style="border: 1px solid black; padding: 2px 5px;">2016</div> <div style="border: 1px solid black; padding: 2px 5px;">Sta 3</div> <div style="border: 1px solid black; padding: 2px 5px;">16-12089W</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> </div> <div style="text-align: right; border: 1px solid black; padding: 5px; width: 150px;"> NFIRS-9 Apparatus or Resources </div> </div>									
FDID State Incident Date Station Incident Number Exposure									

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
1	ID <div style="border: 1px solid black; padding: 2px 10px;">E-3</div> Type <div style="border: 1px solid black; padding: 2px 10px;">13</div>	Dispatch <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px 10px;">10/12/2016</div> <div style="border: 1px solid black; padding: 2px 10px;">2209</div> Arrival <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px 10px;">10/12/2016</div> <div style="border: 1px solid black; padding: 2px 10px;">2219</div> Clear <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px 10px;">10/12/2016</div> <div style="border: 1px solid black; padding: 2px 10px;">2231</div>		Sent <input checked="" type="checkbox"/>	<div style="border: 1px solid black; padding: 2px 10px;">2</div>	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS	<div style="border: 1px solid black; padding: 2px 10px;">86</div>	<div style="border: 1px solid black; padding: 2px 10px;">81</div>	
2	ID <div style="border: 1px solid black; padding: 2px 10px;">R-3</div> Type <div style="border: 1px solid black; padding: 2px 10px;">76</div>	Dispatch <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px 10px;">10/12/2016</div> <div style="border: 1px solid black; padding: 2px 10px;">2209</div> Arrival <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px 10px;">10/12/2016</div> <div style="border: 1px solid black; padding: 2px 10px;">2219</div> Clear <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px 10px;">10/12/2016</div> <div style="border: 1px solid black; padding: 2px 10px;">2231</div>		Sent <input checked="" type="checkbox"/>	<div style="border: 1px solid black; padding: 2px 10px;">2</div>	<input type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS	<div style="border: 1px solid black; padding: 2px 10px;">86</div>	<div style="border: 1px solid black; padding: 2px 10px;"></div>	

A		FDID 08251		State MI	Incident Date MM 10 DD 12 YYYY 2016	Station Sta 3	Incident Number 16-12089W	Exposure 0	NFIRS-10 Personnel	
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B Apparatus or Resource		Dates and Times <small>Check if the same date as Alarm date on the Basic Module (Block E1)</small>		<small>Midnight is 0000</small>		Sent	Number of People	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>		
1	ID E-3	Dispatch	X	Month/Day/Year 10/12/2016	Hour/Min 2209	Sent X	2	Other X Suppression EMS	86	81	
	Type 13	Arrival	X	10/12/2016	2219						
	Clear	X	10/12/2016	2231							
Personnel ID		Name		Rank Or Grade		Action Taken		Action Taken		Action Taken	
47		Pochron, Jeffery		Captain		86					
1220		Silvestri, Alexander		Sgt		86		81			

B Apparatus or Resource		Dates and Times <small>Check if the same date as Alarm date on the Basic Module (Block E1)</small>		<small>Midnight is 0000</small>		Sent	Number of People	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>		
2	ID R-3	Dispatch	X	Month/Day/Year 10/12/2016	Hour/Min 2209	Sent X	2	Other X Suppression EMS	86		
	Type 76	Arrival	X	10/12/2016	2219						
	Clear	X	10/12/2016	2231							
Personnel ID		Name		Rank Or Grade		Action Taken		Action Taken		Action Taken	
2494		Lyssiotis, Anthony		Firefighter		86					
65		Beaubien, Jacob		Firefighter/Paramedic		86					

A FDID <input type="text" value="08251"/> State <input type="text" value="MI"/> MM <input type="text" value="12"/> DD <input type="text" value="05"/> YYYY <input type="text" value="2016"/> Sta <input type="text" value="3"/> Incident Number <input type="text" value="16-14287W"/> Exposure <input type="text" value="0"/>		NFIRS-1 Basic																
B Location Type <input checked="" type="checkbox"/> Street address Intersection <input type="text" value="5636"/> <input type="text" value="E"/> <input type="text" value="Hickory Hollow"/> In front of _____ Rear of _____ Adjacent to _____ Directions _____ US National Grid _____																		
C Incident Type <input type="text" value="424"/> Carbon monoxide Incident																		
D Aid Given or Received 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N <input checked="" type="checkbox"/> None		E1 Dates and Times Alarm <input type="text" value="12"/> <input type="text" value="05"/> <input type="text" value="2016"/> <input type="text" value="19:45:00"/> Arrival <input type="text" value="12"/> <input type="text" value="05"/> <input type="text" value="2016"/> <input type="text" value="19:50:00"/> Controlled <input type="text" value="12"/> <input type="text" value="05"/> <input type="text" value="2016"/> <input type="text" value="19:50:00"/> Last Unit Cleared <input type="text" value="12"/> <input type="text" value="05"/> <input type="text" value="2016"/> <input type="text" value="20:15:00"/>																
F Actions Taken 86 <input type="text" value="Investigate"/> 81 <input type="text" value="Incident command"/> 42 <input type="text" value="HazMat detection, monitoring, sampling, & analysis"/>		G1 Resources <input checked="" type="checkbox"/> Check this box and text this block if an Apparatus or Personnel Module is used. Apparatus <input type="text" value="1"/> <input type="text" value="2"/> Personnel <input type="text" value="0"/> <input type="text" value="0"/> EMS <input type="text" value="0"/> <input type="text" value="0"/> Other <input type="text" value="0"/> <input type="text" value="0"/>																
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213	Elementary school, including kindergarten	419	1 or 2 family dwelling	599	Business office
215	High school/junior high school/middle school	429	✗ Multifamily dwelling	615	Electric-generating plant
241	Adult education center, college classroom	439	Boarding/rooming house, residential hotels	629	Laboratory or science laboratory
311	24-hour care Nursing homes, 4 or more persons	449	Hotel/motel, commercial	700	Manufacturing, processing
331	Hospital - medical or psychiatric	459	Residential board and care	819	Livestock, poultry storage
		464	Barracks, dormitory	882	Parking garage, general vehicle
		519	Food and beverage sales, grocery store	891	Warehouse
Outside					
124	Playground	936	Vacant lot	981	Construction site
655	Crops or orchard	938	Graded and cared-for plots of land	984	Industrial plant yard - area
669	Forest, timberland, woodland	946	Lake, river, stream		
807	Outside material storage area	951	Railroad right-of-way		
919	Dump, sanitary landfill	960	Street, other		
931	Open land or field	961	Highway or divided highway		
		962	Residential street, road or residential driveway		

Look up and enter a Property Use code and description only if you have NOT checked a Property Use Box.

Property Use 429

Code

Property Use Description Multifamily dwelling

K1 Person/Entity Involved

Local Option

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Hickory Hollow Townhouses

Business Name (if Applicable)

5636 E Hickory Hollow

Number Prefix Street or Highway

MI

MI

Wayne

City

MI 48184

State Zip Code

-

Apt./Suite/Room

City

Area Code Phone Number

K2 Owner

Local Option

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable)

Number Prefix Street or Highway

MI

City

State Zip Code

Apt./Suite/Room

City

Area Code Phone Number

M Authorization

2496

Officer in charge ID

David Polite

Signature

Firefighter

Position or rank

Battalion Chief Office

Assignment

12 05 2016

Month Day Year

47

Officer in charge ID

Jeffery Pochron

Signature

Captain

Position or rank

Station 3

Assignment

12 05 2016

Month Day Year

Page 2 of 5

L **Remarks**
Local Option

E3 was dispatched to location for a report of a carbon monoxide detector activation without any persons experiencing CO exposure symptoms.

On arrival E3 spoke with the resident , who stated that her CO detector began sounding about 20 minutes prior to her calling 911 for FD response to the location. She stated that she had opened some of the dwelling's windows when the alarm began to sound & that the windows were still open. E3 checked the residence & found a CO level of 9 ppm within the structure, but that the level was slowly dropping.

The resident stated that she had also called the complex's maintenance about the CO detector activation. While E3 was @ the location, a private HVAC company (Burtons) showed up @ the location, stating that they had been contacted by the maintenance personnel & asked to respond to the location to determine the CO problem.

A check of all of the natural gas powered appliances within the structure found that the kitchen stove was giving off low levels of CO when operating. The resident did state that she had been using the oven prior to the CO detector sounding.

E3 advised the resident to not use the kitchen oven until the unit could be repaired and/or replaced, which the resident stated that she would do. The private HVAC company personnel stated that he would call the complex's maintenance personnel about the CO findings & if the appliance in question was to be repaired or replaced.

The residence was again ventilated by opening up windows until the CO level within the dwelling was zero. E3 then took info for report & E3 cleared from the incident.

NOTE—FD was unable obtain any information of the make/model of the kitchen range.

A <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">08251</div> <div style="margin: 0 5px;">MI</div> <div style="border: 1px solid black; padding: 2px 5px;">12</div> <div style="margin: 0 5px;">05</div> <div style="border: 1px solid black; padding: 2px 5px;">2016</div> </div> <div style="display: flex; align-items: center;"> <div style="margin: 0 5px;">Sta 3</div> <div style="border: 1px solid black; padding: 2px 5px;">16-14287W</div> <div style="margin: 0 5px;">0</div> </div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> FDID State Incident Date Station Incident Number Exposure </div>										NFIRS-9 Apparatus or Resources	
--	--	--	--	--	--	--	--	--	--	---	--

B Apparatus or Resource	Dates and Times	Sent	Number of People	Apparatus Use	Actions Taken
	Check if the same date as Alarm date on the Basic Module (Block E1)			Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
	Month/Day/Year Hour/Min				
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 0 5px; margin-right: 5px;">1</div> <div style="display: flex; flex-direction: column;"> <div>ID E-3</div> <div>Type 13</div> </div> </div> </div>	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>Dispatch X <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">12/05/2016</div> <div style="border: 1px solid black; padding: 2px 5px;">1945</div> </div> </div> <div>Arrival X <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">12/05/2016</div> <div style="border: 1px solid black; padding: 2px 5px;">1950</div> </div> </div> <div>Clear X <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">12/05/2016</div> <div style="border: 1px solid black; padding: 2px 5px;">2015</div> </div> </div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">X</div> </div>	<div style="border: 1px solid black; padding: 2px 5px; text-align: center;">2</div>	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">X</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>Other</div> <div>Suppression</div> <div>EMS</div> </div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">86</div> <div style="border: 1px solid black; padding: 2px 5px;">81</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">42</div> <div style="border: 1px solid black; padding: 2px 5px;"></div> </div>

A		FDID 08251		State MI	MM 12	DD 05	YYYY 2016	Sta 3	Incident Number 16-14287W	Exposure 0	NFIRS-10 Personnel	
B Apparatus or Resource		Dates and Times <small>Check if the same date as Alarm date on the Basic Module (Block E-1)</small>				<small>Midnight is 0000</small>		Sent	Number of People	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>	
1 ID E-3 Type 13		Dispatch X Arrival X Clear X		Month/Day/Year		Hour/Min		X	2	Other X Suppression EMS	86 81	
				12/05/2016		1945					42	
				12/05/2016		1950					42	
				12/05/2016		2015					42	
Personnel ID		Name		Rank Or Grade		Action Taken		Action Taken		Action Taken		Action Taken
47		Pochron, Jeffery		Captain		86		81		42		
1220		Silvestri, Alexander		Sgt		86		81		42		

Patient Name [REDACTED]

Prehospital Care Report

Westland Fire Department

37201 MARQUETTE

WESTLAND, MI48185

Incident Date: 11/24/2016

Call #: 16-13844WL

Patient Care #: 1

Unit Call Sign: Rescue 4

Patient Information

Name: [REDACTED]
 Address: 5636 E. Hickory Hollow
 Wayne, Wayne, MI48184

Age: [REDACTED] D.O.B.: [REDACTED] (mm/dd/yyyy)
 Gender: [REDACTED] SSN: [REDACTED]
 Weight: [REDACTED] Race: [REDACTED]
 Phone: [REDACTED] Ethnicity: [REDACTED]

Provider Impression

Primary Impression

Altered Level of Consciousness

Secondary Impression

Not Applicable

Narrative

Summary of Events

A534 dispatched to listed location for male with [REDACTED] En route WLFD E3 advised there is a carbon monoxide situation at location. Arrived on scene to find incident involving 4 pt's. Listed pt is [REDACTED] CO reading in home ranged 120-200 ppm CO. Unknown how long pt's were exposed to this level. [REDACTED] Pt to A534 without incident. Pt VS taken. [REDACTED] Pt transported to GCOH with ongoing pt assessments. Pt condition [REDACTED] Pt care to ED staff with report. 02 continued at 15LPM via NRB. GCOH staff reports that the hyperbaric chamber on premises is used only for wound care therapy. A534 clear.

Prior Aid

Prior Aid

Performed By

N/A,

Outcome

Past Medical History

MEDICATION ALLERGIES

Generic Name

Description

Patient Medications

Generic Name

Dosage

Medical Surgery History

Hypertension

History Primarily Obtained From Pregnancy Advanced Directives

Practitioner Name

Assessment Exam

Patient Condition

Chief Complaint: [REDACTED]

Secondary Complaint:

Alcohol/Drug Use:

Injury Onset	Injury Cause	Injury Mechanism	Injury Intent	Ht. of Fall
06:0011 /24/2016			Not Recorded	
Primary Symptom	Other Associated Symptoms			
Lethargic	Not Recorded			

Patient Vitals

Time	B/P	Pulse	Rhythm	Resp.	Effort	SpO2	SpO2 Qual.	EtCO2	GCS	Pain	Stroke Scl	PTA	B.G.	RTS	Limb	Patient Position
06:14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
06:16	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
06:27	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
06:29	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
06:34	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Inc. Date: 11/24/2016

Patient Name: [REDACTED]

Westland Fire Department

Page: 1

Incident #:

Call #: 16-13844WL

Date Printed: 04/09/2019 14:40

16-13844WL

Patient Name: [REDACTED]

06:39	165/89																								
ECG Monitor																									
Time	ECG Type	ECG Lead	ECG Interpretation										ECG Ectopy		Cause For Change										
06:15	ECG-Monitor		[REDACTED]																						
06:27	ECG-Monitor																								
06:28	ECG-Monitor																								
06:39	ECG-Monitor																								
Procedures and Treatments																									
Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments																	
06:06	TW	[REDACTED]			1			[REDACTED]																	
06:21	TW	[REDACTED]	[REDACTED]	[REDACTED]	1	[REDACTED]	[REDACTED]	[REDACTED]																	
Intubation Confirmation																									
Time	Preoxy	Gastric Sounds	Lung L/R	Chest L/R	Wave	Form	ETCO2 Numeric	ETCO2 Color	Verify Tube	EDD	Draws Back	EDD	Inflates	EDD	Misting	POGO	Score	Secured	Tube Depth	At	Depth	Tube size	Verify X-Ray	MD/RN	Verify Placement
Medication Administered																									
Time	Crew	Medication	Route	Dosage	Response	PTA	Comments																		
06:21	TW	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																		
Injury Details																									
Patient Transport/Positioning																									
Patient Moved To Ambulance								Patient's Position In Transport								Patient Moved From Ambulance									
[REDACTED]								[REDACTED]								[REDACTED]									
Call Type and Location								Call Disposition								Response Times and Mileage									
Call Type: Altered Mental Status Resp. Mode: Lights and Sirens Urgency: Immediate Response: 911 Response Location: Home/Residence Address: 5636 E. Hickory Hollow Wayne, Wayne, MI 48184								Disposition: Treated, Transported by EMS Resp. Mode: Lights and Sirens Destination: GARDEN CITY HOSPITAL, 6245 INKSTER RD, Garden City, MI 48135 Dest. Determ.: Specialty Resource Center Diverted From: Response Delay: None Scene Delay: None Transport Delay: None								1st Resp. Arr.: PSAP: 05:54 Incident #: 16-13844WL Call Sign: Rescue 4 Veh. #: Spare Rescue 3-2010 Chevy Start Miles: 0.0 Scene Miles: 0.0 To Scene: 0.0 Depart: 06:26 Arrive Dest: 06:35 Dest. Miles: 6.4 To Dest: 6.4 In Service: 07:04 Cancelled: In Quarters: End Miles: 6.4 To End: 0.0									
Unit Personnel																									
Crew Member	Level of Certification										Role														
Wilson, Tim(TW)	EMT-Paramedic										Primary Patient Caregiver														
Proctor, Andrew(AP)	EMT-Paramedic										Primary Patient Caregiver														
Other Responding Unit																									
Billing Information																									
Payment Method:													Work Related? Not Applicable												
Insurance Information																									
Company Name	Company City	Company State	Insurance Policy #	Relationship To Insured																					
[REDACTED]			[REDACTED]																						
Patient Occupation Information																									
Occupation	Industry																								
Service-Defined Questions																									
Run Priority	2																								
CT #	5669																								

Patient Name: [REDACTED]

Primary Response District	Station 3
Drug Box/ A-Pack	
Mutual Aid Given or Received	N/A
Department Given or Receiving Mutual Aid	NA
Additional WLFD units dispatched	

Patient Name [REDACTED]

Hospital/Receiving Agent Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I Agree I Disagree Not Applicable

Signature

S. Wright DO

Printed Name S. Wright

Date 11/24/201606:42

Patient Consent Form

HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I Agree I Disagree Not Applicable

Waiver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

I Agree I Disagree Not Applicable

Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicaid Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

I Agree I Disagree Not Applicable

Signature

Printed Name

Date

Technician

Technician

I acknowledge that I have provided the above assessments/treatments for this patient.

I Agree I Disagree Not Applicable

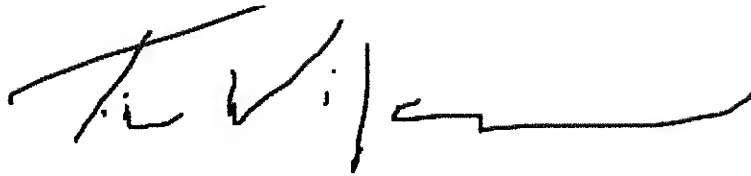
Ambulance Crew Member Statement

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives were available or willing to sign on the patient's behalf.

I Agree I Disagree Not Applicable

Patient Name: [REDACTED]

Signature



Printed Name Tim Wilson

Date

Reason Pt. Unable to Sign condition

Valuables

Valuables:

Other/Desc: medication bottles

Belongings Left: At Destination with Patient

Patient Name [REDACTED]

Prehospital Care Report

Westland Fire Department

37201 MARQUETTE

WESTLAND, MI48185

Incident Date: 11/24/2016

Call #: 16-13844WL

Patient Care #: 2 of 3

Unit Call Sign: Rescue 2

Patient Information																												
Name: [REDACTED]				Age: [REDACTED]				D.O.B: [REDACTED] (mm/dd/yyyy)																				
Address: 5636 E. Hickory Hollow				Gender: [REDACTED]				SSN: [REDACTED]				Race: [REDACTED]																
Wayne, Wayne, MI48184				Weight: [REDACTED]				Phone: [REDACTED]				Ethnicity: [REDACTED]																
Provider Impression																												
Primary Impression								Secondary Impression																				
No Apparent Illness/Injury								Not Applicable																				
Narrative																												
Summary of Events																												
<p>Dispatched for a CO alarm with multiple patients. Arrived to find 20 y/o male A&Ox4 ambulatory outside. [REDACTED] Pt denied any medical complaints. Pt ambulated to our ambulance. Pt sat on the bench seat. Pt was sleeping in the basement where levels were 240 PPM of CO. Unknown how long the exposure was. V/S obtained, [REDACTED] Pt transported to Beaumont Wayne sitting upright on the bench seat secured with a lap belt. Pt had no medical complaints during transport. Contacted HEMS and gave P3 report. Upon arrival to Beaumont Wayne pt taken into the ER via wheelchair. Pt moved to ER bed, report given to ER RN, pt care transferred to ER medical staff. A532 clear with no incidents.</p>																												
Prior Aid																												
Prior Aid								Performed By				Outcome																
								N/A																				
Past Medical History																												
MEDICATION ALLERGIES				Generic Name				Description																				
[REDACTED]				[REDACTED]																								
Patient Medications				Generic Name				Dosage																				
[REDACTED]				[REDACTED]																								
Medical Surgery History																												
[REDACTED]																												
History Primarily Obtained From												Pregnancy		Advanced Directives		Practitioner Name												
Assessment Exam																												
Patient Condition																												
Chief Complaint: No Medical Complaint X Minutes																												
Secondary Complaint:																												
Alcohol/Drug Use:																												
Injury Onset		Injury Cause		Injury Mechanism				Injury Intent				Ht. of Fall																
05:5411 /24/2016								Not Recorded																				
Primary Symptom				Other Associated Symptoms																								
No Signs or Symptoms				Not Recorded																								
Patient Vitals																												
Time	B/P	Pulse	Rhythm	Resp.	Effort	SpO2	SpO2 Qual.	EtCO2	GCS	Pain	Stroke Scl	PTA	B.G.	RTS	Limb	Patient Position												
06:12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]												
ECG Monitor																												
Time	ECG Type	ECG Lead	ECG Interpretation				ECG Ectopy				Cause For Change																	
Procedures and Treatments																												
Time	Crew Name	Location		Size of Equipment		Attempts	Response	Success	Comments																			
06:11 MN	Assessment-Adult					1																						
Intubation Confirmation																												
Time	Preoxy	Gastric Sounds	Lung	Chest	L/R	Wave	Form	ETCO2	Numeric	ETCO2	Color	Verify Tube	EDD	Draws Back	EDD	Inflates	EDD	Misting	POGO	Score	Secured	Tube Depth	At	Depth	Tube size	Verify X-Ray	MD/RN	Verify Placement

Inc. Date: 11/24/2016

Patient Name: [REDACTED]

Westland Fire Department

Page: 1

Incident #:

Call #: 16-13844WL

Date Printed: 04/09/2019 14:40

16-13844WL

Patient Name: [REDACTED]

Medication Administered							
Time	Crew	Medication	Route	Dosage	Response	PTA	Comments
Injury Details							
Patient Transport/Positioning							
Patient Moved To Ambulance		Patient's Position In Transport			Patient Moved From Ambulance		
Assisted/Walk		Sitting			Wheelchair		
Call Type and Location		Call Disposition		Response Times and Mileage			
Call Type: CO Poisoning/Hazmat Resp. Mode: Lights and Sirens Urgency: Immediate Response: 911 Response Location: Home/Residence Address: 5636 E. Hickory Hollow Wayne, Wayne, MI 48184		Disposition: Treated, Transported by EMS Resp. Mode: No Lights or Sirens Destination: BEAUMONT HOSPITAL WAYNE, 33155 ANNAPOLIS AVE, Wayne, MI 48184 Dest. Determ.: Closest Facility Diverted From: Response Delay: None Scene Delay: None Transport Delay: None		1st Resp. Arr.: PSAP: 05:54 Incident #: 16-13844WL Call Sign: Rescue 2 Veh. #: Rescue 2-2011 Chevrolet Start Miles: 0.0 Scene Miles: 0.0 To Scene: 0.0 At Scene: 06:10 At Patient: 06:11 Depart: 06:30 Arrive Dest: 06:39 Dest. Miles: 1.0 To Dest: 1.0 In Service: 07:19 Cancelled: In Quarters: End Miles: 1.0 To End: 0.0			
Unit Personnel							
Crew Member		Level of Certification		Role			
Nation, Mark(MN)		EMT-Paramedic		Primary Patient Caregiver			
Knapp, Brian(BK)		EMT-Paramedic		Secondary Patient Caregiver			
Other Responding Unit							
Billing Information							
Payment Method: Insurance				Work Related? Not Applicable			
Insurance Information							
Company Name	Company City	Company State	Insurance Policy #	Relationship To Insured			
[REDACTED]	Detroit	MI	[REDACTED]	Self			
Patient Occupation Information							
Occupation				Industry			
Service-Defined Questions							
Run Priority				3			
CT #				5669			
Primary Response District				Station 3			
Drug Box/ A-Pack							
Mutual Aid Given or Received				N/A			
Department Given or Receiving Mutual Aid				NA			
Additional WLFD units dispatched							

Patient Name [REDACTED]

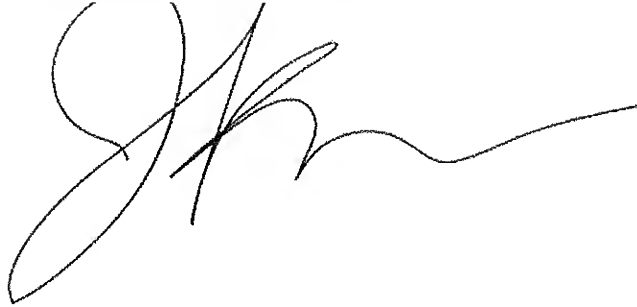
Hospital/Receiving Agent Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I Agree I Disagree Not Applicable

Signature



Printed Name Knauer, PA

Date 11/24/2016 06:44

Patient Consent Form

HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I Agree I Disagree Not Applicable

Waiver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

I Agree I Disagree Not Applicable

Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicaid Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

I Agree I Disagree Not Applicable

Signature



Printed Name [REDACTED]

Date 11/24/2016

Technician

Technician

I acknowledge that I have provided the above assessments/treatments for this patient.

I Agree I Disagree Not Applicable

Ambulance Crew Member Statement

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives were available or willing to sign on the patient's behalf.

I Agree I Disagree Not Applicable

Patient Name: [REDACTED]

Signature

Mark A. [Signature]

Printed Name Mark Nation

Date 11/24/2016

Reason Pt. Unable to Sign

Valuables

Valuables:

Other/Desc: Phone

Belongings Left: At Destination with Patient

Patient Name [REDACTED]

Prehospital Care Report

Westland Fire Department
37201 MARQUETTE
WESTLAND, MI48185

Incident Date: 11/24/2016

Call #: 16-13844WL

Patient Care #: 3 of 3
Unit Call Sign: Rescue 2

Patient Information																
Name: [REDACTED]			Age: [REDACTED]		D.O.B: [REDACTED] mm/dd/yyyy)											
Address: 5636 E. Hickory Hollow			Gender: [REDACTED]		SSN: [REDACTED]											
Wayne, Wayne, MI48184			Weight: [REDACTED]		Race: [REDACTED]											
			Phone: [REDACTED]		Ethnicity: [REDACTED]											
Closest Relative/Guardian																
Name: Brown, Shell-Neil					Relationship: Mother											
Address: [REDACTED]					Phone #: 7344698656											
Provider Impression																
Primary Impression					Secondary Impression											
No Apparent Illness/Injury					Not Applicable											
Narrative																
<p>Summary of Events</p> <p>Dispatched for a CO alarm with multiple patients. Arrived to find 5 y/o female A&Ox4 ambulatory outside. [REDACTED] Pt denied any medical complaints. Pt ambulated to our ambulance. Pt sat on the jump seat. Pt was sleeping in the basement where levels were 240 PPM of CO. Unknown how long the exposure was. V/S obtained, [REDACTED] Pt transported to Beaumont Wayne sitting upright on the jump seat secured with a child harness. Pt had no medical complaints during transport. Contacted HEMS and gave P3 report. Upon arrival to Beaumont Wayne pt taken into the ER via wheelchair. Pt moved to ER bed, report given to ER RN, pt care transferred to ER medical staff. A532 clear with no incidents.</p>																
Prior Aid																
Prior Aid					Performed By			Outcome								
					N/A											
Past Medical History																
MEDICATION ALLERGIES			Generic Name			Description										
[REDACTED]			[REDACTED]			[REDACTED]										
Patient Medications			Generic Name			Dosage										
[REDACTED]			[REDACTED]			[REDACTED]										
Medical Surgery History																
[REDACTED]																
History Primarily Obtained From			Pregnancy			Advanced Directives			Practitioner Name							
Assessment Exam																
Patient Condition																
Chief Complaint: No Medical Complaint X Minutes																
Secondary Complaint:																
Alcohol/Drug Use:																
Injury Onset		Injury Cause		Injury Mechanism		Injury Intent		Ht. of Fall								
05:5411 /24/2016						Not Recorded										
Primary Symptom			Other Associated Symptoms													
No Signs or Symptoms			Not Recorded													
Patient Vitals																
Time	B/P	Pulse	Rhythm	Resp.	Effort	SpO2	SpO2 Qual.	EtCO2	GCS	Pain	Stroke Sci	PTA	B.G.	RTS	Limb	Patient Position
06:22																
ECG Monitor																
Time	ECG Type	ECG Lead	ECG Interpretation			ECG Ectopy			Cause For Change							
Procedures and Treatments																
Time	Crew	Name	Location		Size of Equipment	Attempts	Response	Success		Comments						
06:11	MN	Assessment-Adult														

Patient Name: [REDACTED]

Intubation Confirmation																									
Time	Preoxy	Gastric Sounds	Lung L/R	Chest L/R	Wave	Form	ETCO2 Numeric	ETCO2 Color	Verify Tube	EDD	Draws Back	EDD	Inflates	EDD	Misting	POGO	Score	Secured	Tube Depth At	Depth	Tube size	Verify X-Ray	MD/RN	Verify Placement	
Medication Administered																									
Time	Crew	Medication	Route	Dosage	Response	PTA	Comments																		
Injury Details																									
Patient Transport/Positioning																									
Patient Moved To Ambulance								Patient's Position In Transport								Patient Moved From Ambulance									
Assisted/Walk								Sitting								Wheelchair									
Call Type and Location								Call Disposition								Response Times and Mileage									
Call Type: CO Poisoning/Hazmat Resp. Mode: Lights and Sirens Urgency: Immediate Response: 911 Response Location: Home/Residence Address: 5636 E. Hickory Hollow Wayne, Wayne, MI 48184								Disposition: Treated, Transported by EMS Resp. Mode: No Lights or Sirens Destination: BEAUMONT HOSPITAL WAYNE, 33155 ANNAPOLIS AVE, Wayne, MI 48184 Dest. Determ.: Closest Facility Diverted From: Response Delay: None Scene Delay: None Transport Delay: None								1st Resp. Arr.: PSAP: 05:54 Incident #: 16-13844WL Call Sign: Rescue 2 Veh. #: Rescue 2-2011 Cheverolet Start Miles: 0.0 Scene Miles: 0.0 To Scene: 0.0 Dest. Miles: 1.0 To Dest: 1.0 End Miles: 1.0 To End: 0.0									
Unit Personnel																									
Crew Member								Level of Certification								Role									
Nation, Mark(MN)								EMT-Paramedic								Primary Patient Caregiver									
Knapp, Brian(BK)								EMT-Paramedic								Secondary Patient Caregiver									
Other Responding Unit																									
Billing Information																									
Payment Method:												Work Related? Not Applicable													
Patient Occupation Information																									
Occupation												Industry													
Service-Defined Questions																									
Run Priority												3													
CT #												5669													
Primary Response District												Station 3													
Drug Box/ A-Pack																									
Mutual Aid Given or Received												N/A													
Department Given or Receiving Mutual Aid												NA													
Additional WLFD units dispatched																									

Patient Name: [REDACTED]

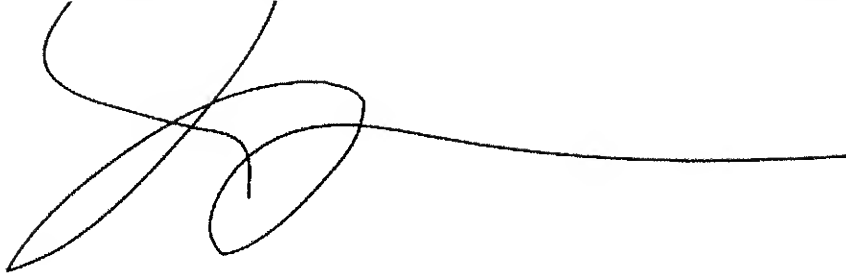
Hospital/Receiving Agent Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I Agree I Disagree Not Applicable

Signature



Printed Name Knauer, PA

Date 11/24/2016 06:43

Authorized Representative Signature

HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I Agree I Disagree Not Applicable

Waiver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

I Agree I Disagree Not Applicable

Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicaid Services, any HMO/PPD, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

I Agree I Disagree Not Applicable

Witness

I acknowledge that I have witnessed the patient/guardian sign this Patient Care Report.

I Agree I Disagree Not Applicable

Authorized Representative

I am signing on behalf of the patient. I recognize that signing on behalf of the patient is not an acceptance of financial responsibility for the services rendered.

I Agree I Disagree Not Applicable

Signature



Printed Name Dorothy Barnes

Relationship Great Grandma

Address 3354 Turnberry Lane

State MI

Date 11/24/2016

Authorized Representative

City Ann Arbor

Postal Code

Patient Name: [REDACTED]

Reason Pt. Unable to Sign Minor Child

Phone Number

Valuables

Valuables:

Other/Desc: None

Patient Name [REDACTED]

Prehospital Care Report

Westland Fire Department
37201 MARQUETTE
WESTLAND, MI48185

Incident Date: 11/24/2016

Call #: 16-13842WL

Patient Care #: 1
Unit Call Sign: Rescue 3
Life Threat: No

Patient Information																
Name: [REDACTED]				Age: [REDACTED]		D.O.B.: [REDACTED] (mm/dd/yyyy)										
Address: 5636 E Hickory Hollow Wayne, Wayne, MI48184				Gender: [REDACTED]		SSN: [REDACTED]		Race: [REDACTED]								
				Weight: [REDACTED]		Phone: [REDACTED]		Ethnicity: [REDACTED]								
Provider Impression																
Primary Impression							Secondary Impression									
Altered Level of Consciousness							Not Applicable									
Narrative																
Summary of Events																
A533 dispatched for someone yelling help. A533 arrived to find a [REDACTED]																
Pt states that she woke up and felt like she could not breathe. Pt states that she opened all the windows to her home and noticed that her husband would not get out of bed. Pt states she went outside yelling for help.																
Upon further investigation of the home, E3 found very high levels (300+ ppm) of CO in the home. [REDACTED]																
[REDACTED] Pt vitals assessed. [REDACTED] and [REDACTED]																
Pt transported without incident and [REDACTED] Upon arrival, A533 transferred pt cared to ED staff with full pt care report given.																
A533 returned in service.																
Prior Aid																
Prior Aid							Performed By				Outcome					
							N/A,									
Past Medical History																
MEDICATION ALLERGIES				Generic Name				Description								
[REDACTED]				[REDACTED]				[REDACTED]								
Patient Medications				Generic Name				Dosage								
[REDACTED]				[REDACTED]				[REDACTED]								
Medical Surgery History																
[REDACTED]																
History Primarily Obtained From Pregnancy Advanced Directives Practitioner Name																
[REDACTED]																
Assessment Exam																
Patient Condition																
Chief Complaint: [REDACTED]																
Secondary Complaint: [REDACTED]																
Alcohol/Drug Use: [REDACTED]																
Injury Onset		Injury Cause		Injury Mechanism				Injury Intent				Ht. of Fall				
05:5311 /24/2016		Not Applicable						Not Applicable								
Primary Symptom				Other Associated Symptoms												
[REDACTED]				[REDACTED]												
Patient Vitals																
Time	B/P	Pulse	Rhythm	Resp.	Effort	SpO2	SpO2 Qual.	EtCO2	GCS	Pain	Stroke Scl	PTA	B.G.	RTS	Limb	Patient Position
05:50	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
06:16	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
ECG Monitor																
Time	ECG Type	ECG Lead	ECG Interpretation								ECG Ectopy	Cause For Change				
06:00	[REDACTED]	[REDACTED]	[REDACTED]								[REDACTED]	[REDACTED]				

Patient Name: [REDACTED]

Procedures and Treatments							
Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success Comments
05:47	NW	[REDACTED]					
05:59	NW	[REDACTED]					
06:04	NW	[REDACTED]					

Intubation Confirmation																													
Time	Preoxy	Gastric Sounds	Lung	L/R	Chest	Wave	Form	ETCO2	Numeric	ETCO2	Color	Verify Tube	EDD	Draws Back	EDD	Inflates	EDD	Misting	POGO	Score	Secured	Tube Depth	At	Depth	Tube size	Verify X-ray	MD/RN	Verify	placement

Medication Administered							
Time	Crew	Medication	Route	Dosage	Response	PTA	Comments
05:51	NW						

Injury Details

Patient Transport/Positioning

Patient Moved To Ambulance	Patient's Position In Transport	Patient Moved From Ambulance
[REDACTED]	[REDACTED]	[REDACTED]

Call Type and Location	Call Disposition	Response Times and Mileage	
Call Type: [REDACTED] Resp. Mode: Lights and Sirens Urgency: Immediate Response: 911 Response Location: Home/Residence Address: 5636 E Hickory Hollow Wayne, Wayne, MI 48184	Disposition: Treated, Transported by EMS Resp. Mode: No Lights or Sirens Destination: BEAUMONT HOSPITAL WAYNE, 33155 ANNAPOLIS AVE, Wayne, MI 48184 Dest. Determ.: Closest Facility Diverted From: Response Delay: None Scene Delay: None Transport Delay: None	1st Resp. Arr.: PSAP: 05:35 Incident #: 16-13842WL Call Sign: Rescue 3 Veh. #: Rescue 3-2010 Chevrolet Start Miles: 0.0 Scene Miles: 0.0 To Scene: 0.0 Dest. Miles: 1.0 To Dest: 1.0 End Miles: 1.0 To End: 0.0	

Unit Personnel		
Crew Member	Level of Certification	Role
Winrow, Nicholas(NW)	EMT-Paramedic	Primary Patient Caregiver
Bandy, Michael(MB)	EMT-Paramedic	Primary Patient Caregiver

Other Responding Unit

Billing Information

Payment Method: Self Pay	Work Related? Not Applicable
---------------------------------	-------------------------------------

Insurance Information				
Company Name	Company City	Company State	Insurance Policy #	Relationship To Insured
None		MI		Self

Patient Occupation Information	
Occupation	Industry

Service-Defined Questions

Run Priority	2
CT #	5669
Primary Response District	Station 3
Drug Box/ A-Pack	old A1166 New A212-2
Mutual Aid Given or Received	N/A
Department Given or Receiving Mutual Aid	NA
Additional WFLD units dispatched	E-3

Patient Name [REDACTED]

Hospital/Receiving Agent Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I Agree I Disagree Not Applicable

Signature



Printed Name Knauer

Date 11/24/2016 06:28

Patient Consent Form

HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I Agree I Disagree Not Applicable

Waiver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

I Agree I Disagree Not Applicable

Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicaid Services, any HMO/PPPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

I Agree I Disagree Not Applicable

Signature



Printed Name [REDACTED]

Date 11/24/2016

Technician

Technician

I acknowledge that I have provided the above assessments/treatments for this patient.

I Agree I Disagree Not Applicable

Ambulance Crew Member Statement

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives were available or willing to sign on the patient's behalf.

I Agree I Disagree Not Applicable

Patient Name: [REDACTED]

Signature



Printed Name Michael Bandy

Date 11/24/2016

Reason Pt. Unable to Sign

Valuables

Valuables:

A FDID: 08251 State: MI Incident Date: MM 11 DD 24 YYYY 2016 Station: Sta 3 Incident Number: 16-13842 Exposure: 0										NFIRS-1 Basic	
B Location Type <small>Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.</small>											
<input checked="" type="checkbox"/> Street address											
Intersection: 5636 East Hickory Hollow Census Tract: 5669 - 00											
In front of: Number/Milepost: Prefix: Street or Highway: CT: Street Type: Suffix:											
Rear of: Adjacent to: City: Wayne State: MI Zip Code: 48184 - 1											
Directions: US National Grid:											
Cross Street, Direction or National Grid, as applicable:											
C Incident Type 424 Carbon monoxide incident				E1 Dates and Times <small>Midnight is 0000</small>				E2 Shifts and Alarms			
D Aid Given or Received				Check boxes if dates are the same as Alarm Date.				Local Option: B 1 3 Shift or Station: Alarms: District:			
1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N X None				Alarm: Month 11 Day 24 Year 2016 Hour 05:40:00 Arrival: Month 11 Day 24 Year 2016 Hour 05:47:00 Controlled: Month 11 Day 24 Year 2016 Hour 08:10:00 Last Unit Cleared: Month 11 Day 24 Year 2016 Hour 08:10:00				E3 Special Studies Local Option: Special Study ID# Special Study Value			
F Actions Taken				G1 Resources				G2 Estimated Dollar Losses and Values			
86 Investigate Primary Action Taken (1) 81 Incident command Additional Action Taken (2) 73 Provide manpower Additional Action Taken (3)				X Check this box and test this block if an Apparatus or Personnel Module is used. Suppression: Apparatus 2 Personnel 3 EMS 0 Other 0 <small>Check box if resources counts include aid received resources.</small>				LOSSES: <small>Required for all fires if known. Optional for non-fires.</small> None Property \$ 0 X Contents \$ 0 X PRE-INCIDENT VALUE: Optional Property \$ X Contents \$ X			
Completed Modules				H1 Casualties <input checked="" type="checkbox"/> None				H3 Hazardous Materials Release			
Fire-2 Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 X Apparatus-9 X Personnel-10 Arson-11				Death Injury Fire 0 0 Service Civilian H2 Detector 1 Required for confined fires. 2 X Detector alerted occupants U Unknown				0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas: slow leak, no evac, or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N None			
								I Mixed Use Property			
								00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 X Residential use 51 Row of stores 53 Enclosed mall 58 Business and residential use 59 Office use 60 Industrial use 63 Military use 65 Farm use NN Not mixed use			

J Property Use Structures		
131 Church, mosque, synagogue, temple, chapel	341 Clinic, clinic-type infirmary	539 Household goods, sales, repairs
161 Restaurant or cafeteria	342 Doctor, dentist or oral surgeon office	571 Service station, gas station
162 Bar or nightclub	361 Jail, prison (not juvenile)	579 Motor vehicle or boat sales, services, repair
213 Elementary school, including kindergarten	419 1 or 2 family dwelling	599 Business office
215 High school/junior high school/middle school	429 <input checked="" type="checkbox"/> Multifamily dwelling	615 Electric-generating plant
241 Adult education center, college classroom	439 Boarding/rooming house, residential hotels	629 Laboratory or science laboratory
311 24-hour care Nursing homes, 4 or more persons	449 Hotel/motel, commercial	700 Manufacturing, processing
331 Hospital - medical or psychiatric	459 Residential board and care	819 Livestock, poultry storage
	464 Barracks, dormitory	882 Parking garage, general vehicle
	519 Food and beverage sales, grocery store	891 Warehouse
<hr/>		
Outside	936 Vacant lot	981 Construction site
124 Playground	938 Graded and cared-for plots of land	984 Industrial plant yard - area
655 Crops or orchard	946 Lake, river, stream	
669 Forest, timberland, woodland	951 Railroad right-of-way	
807 Outside material storage area	960 Street, other	
919 Dump, sanitary landfill	961 Highway or divided highway	
931 Open land or field	962 Residential street, road or residential driveway	

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use 429

Code

Property Use Description Multifamily dwelling

K1 Person/Entity Involved	
<p>Local Option</p> <p>Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Business Name (if Applicable) Area Code Phone Number </p> <p>Mr., Ms., Mrs. First Name MI Last Name Suffix </p> <p>Number Prefix Street or Highway Street Type Suffix </p> <p>Post Office Box Apt./Suite/Room City </p> <p>State Zip Code </p> </div>

K2 Owner	
<p>Local Option</p> <p>Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Business Name (if Applicable) Area Code Phone Number </p> <p>Mr., Ms., Mrs. First Name MI Last Name Suffix </p> <p>Number Prefix Street or Highway Street Type Suffix </p> <p>Post Office Box Apt./Suite/Room City </p> <p>State Zip Code </p> </div>

M Authorization						
1886	Mitch Tokarski	Captain	Station 2	11	24	2016
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
1220	Alexander Silvestri	Sgt	Station 3	11	24	2016
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year

L Remarks	
Local Option	
<p>Dispatched to above address for [REDACTED] A second rescue was requested from dispatched at this time.</p> <p>Subsequently while searching the rest of the condo 2 more people were found in the basement aox3. A CO monitor showed 240 PPM in the basement and 120 ppm CO in the upstairs. Consumers energy was then contacted to respond to the scene. A third rescue was requested to evaluate the 2 patients from the basement, and Battalion 1 responded to the scene also. The condo was ventilated and the unit next door was checked with low levels of CO found in the basement. Engine 3 crew tried to isolate the source of the CO without success. Consumers arrived on scene. The scene was left with complex management and Consumers energy truck23325.</p> <p>Manager Carrie Ward 7347297262</p>	

A <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">08251</div> <div style="border: 1px solid black; padding: 2px 5px;">MI</div> <div style="border: 1px solid black; padding: 2px 5px;">11</div> <div style="border: 1px solid black; padding: 2px 5px;">24</div> <div style="border: 1px solid black; padding: 2px 5px;">2016</div> <div style="border: 1px solid black; padding: 2px 5px;">Sta 3</div> <div style="border: 1px solid black; padding: 2px 5px;">16-13842</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> </div> <div style="text-align: right; border: 1px solid black; padding: 5px; width: 150px;"> NFIRS-9 Apparatus or Resources </div> </div>									
FDID State Incident Date Station Incident Number Exposure									

B Apparatus or Resource	Dates and Times	Sent	Number of People	Apparatus Use	Actions Taken
	Check if the same date as Alarm date on the Basic Module (Block E1) <div style="display: flex; justify-content: space-between; font-size: x-small;"> Month/Day/Year Hour/Min </div>			Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
1 ID <div style="border: 1px solid black; padding: 2px;">E-3</div> Type <div style="border: 1px solid black; padding: 2px;">10</div>	Dispatch <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">11/24/2016</div> <div style="border: 1px solid black; padding: 2px;">0540</div> Arrival <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">11/24/2016</div> <div style="border: 1px solid black; padding: 2px;">0547</div> Clear <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">11/24/2016</div> <div style="border: 1px solid black; padding: 2px;">0810</div>	Sent X	<div style="border: 1px solid black; padding: 2px;">2</div>	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">86</div> <div style="border: 1px solid black; padding: 2px;">81</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">73</div> <div style="border: 1px solid black; padding: 2px;"></div> </div>
2 ID <div style="border: 1px solid black; padding: 2px;">Batt1</div> Type <div style="border: 1px solid black; padding: 2px;">91</div>	Dispatch <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">11/24/2016</div> <div style="border: 1px solid black; padding: 2px;">0540</div> Arrival <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">11/24/2016</div> <div style="border: 1px solid black; padding: 2px;">0547</div> Clear <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px;">11/24/2016</div> <div style="border: 1px solid black; padding: 2px;">0810</div>	Sent X	<div style="border: 1px solid black; padding: 2px;">1</div>	<input type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">86</div> <div style="border: 1px solid black; padding: 2px;">81</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">73</div> <div style="border: 1px solid black; padding: 2px;"></div> </div>

A		FDID: 08251		State: MI	Incident Date: MM 11 DD 24 YYYY 2016	Station: Sta 3	Incident Number: 16-13842	Exposure: 0	NFIRS-10 Personnel	
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B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
1	ID: E-3 Type: 10	Dispatch <input checked="" type="checkbox"/>	Month/Day/Year: 11/24/2016	Hour/Min: 0540	Sent <input checked="" type="checkbox"/>	2	Other <input checked="" type="checkbox"/> Suppression EMS	86 73	81
		Arrival <input checked="" type="checkbox"/>	Month/Day/Year: 11/24/2016	Hour/Min: 0547					
		Clear <input checked="" type="checkbox"/>	Month/Day/Year: 11/24/2016	Hour/Min: 0810					
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
1886	Tokarski, Mitch	Captain	86	81	73				
2495	McNeil, Andrew	Firefighter	86	81	73				

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
2	ID: Batt1 Type: 91	Dispatch <input checked="" type="checkbox"/>	Month/Day/Year: 11/24/2016	Hour/Min: 0540	Sent <input checked="" type="checkbox"/>	1	Other <input checked="" type="checkbox"/> Suppression EMS	86 73	81
		Arrival <input checked="" type="checkbox"/>	Month/Day/Year: 11/24/2016	Hour/Min: 0547					
		Clear <input checked="" type="checkbox"/>	Month/Day/Year: 11/24/2016	Hour/Min: 0810					
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
68	Buck, Andrew	Battalion Chief	86	81	73				